

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO. 09-700547		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2		/					52		
3		/					53		
4		/					54		
5	/		/				55		
6	/		/				56		
7	/		/				57		
8		/		/			58		
9	/						59		
10		/					60		
11							61		
12							62		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5						TOTAL IND.		
TOTAL DEP.	5						TOTAL DEP.		
TOTAL CLAIMS	10						TOTAL CLAIMS		